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ORIGINAL

KEYNOTE

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(GREETINGS TO HOSTS, GUESTS)

I WANT TO THANK EVERYONE OF YOU FOR BEING HERE TODAY AND DEVOTING ALL OR AT LEAST A SUBSTANTIAL PART OF YOUR CAREERS TO THE PROBLEMS ASSOCIATED WITH CARE FOR THE AGING IN OUR SOCIETY.

IT'S PECULIAR, BUT THIS IS A SUBJECT THAT TOUCHES EVERYONE OF US -- PERSONALLY -- IN THE COURSE OF OUR LIVES, YET IT IS ALSO A SUBJECT TO WHICH TOO FEW OF US GIVE OUR VERY BEST ATTENTION.

I THINK THIS CONFERENCE IS IMPORTANT BECAUSE IT MARKS ANOTHER CHAPTER IN WHAT HAS BECOME KNOWN AS "CONSCIOUSNESS-RAISING" REGARDING THE PROBLEMS OF PEOPLE WHO GROW OLD IN AMERICA. THIS IS OUR PROBLEM, BECAUSE WE'RE IN PUBLIC HEALTH, BECAUSE WE ARE DEVOTED TO PUBLIC SERVICE, AND BECAUSE WE'RE ALL GROWING OLDER DAY BY DAY.

BUT GIVING THIS KEYNOTE ADDRESS IS NOT GOING TO BE EASY. I'VE FOUND, FOR EXAMPLE, THAT IT'S JUST NOT POSSIBLE TO COME BEFORE A GROUP SUCH AS THIS AND SAY, "LOOK HERE, THIS IS WHAT'S BEING DONE AND THESE ARE THE THINGS YOU OUGHT TO TRY YOURSELF." IT'S NOT THAT SIMPLE AT ALL, AND WE SHOULD BE VERY CAREFUL ABOUT PEOPLE WHO COME UP WITH SIMPLE ANSWERS TO THE COMPLEX ISSUES SURROUNDING OUR COMMON CONCERNS FOR AMERICA'S AGED.

I VISITED WITH SOME P.H.S. INSTITUTE DIRECTORS, WITH THE PEOPLE AT THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, WHO ALSO HAVE CONCERNS RELATED TO THE ELDERLY, AND I ALSO TALKED WITH A NUMBER OF PEOPLE ELSEWHERE IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES -- PEOPLE WHO WORK IN LEGISLATION, IN PLANNING AND EVALUATION, AND IN SOCIAL SERVICES. TWO THINGS STRUCK ME:

FIRST, JUST ABOUT EVERYONE I TALKED WITH WHO WORKED IN SOME ASPECT OF THE FIELD OF THE AGING WAS GENUINELY CONCERNED FOR THE WELFARE OF AMERICA'S ELDERLY POPULATION. AND...

SECOND, JUST ABOUT EVERYONE I TALKED WITH CAME AT THE SUBJECT OF AGING FROM A DIFFERENT PERSPECTIVE, WITH DIFFERENT VALUE-LADEN DATA, AND WITH A DIFFERENT CONCEPT OF WHAT THEY HOPED TO SEE GOVERNMENT ACHIEVE.

DRAWING UPON THOSE CONVERSATIONS AND UPON MY OWN READING, I WOULD LIKE TO SUGGEST SOME COMMON GROUND FOR PEOPLE WHO WORK IN THE AGING FIELD. I CERTAINLY DO NOT MEAN TO BE PRESCRIPTIVE. BUT I DO HOPE THAT THIS WON'T BE THE LAST WORD ON A COMMONLY ACCEPTED PHILOSOPHY OF AGING FOR THOSE OF US IN HEALTH AND HUMAN SERVICES, BUT RATHER ONE OF THE FIRST WORDS CONTRIBUTED TO THE BUILDING OF THAT PHILOSOPHY IN -- AND FOR -- OUR HELPING PROFESSIONS.

FIRST, I THINK WE NEED TO RECOGNIZE THAT A SERIOUS PROBLEM ARISES IN THE FACT THAT, ALTHOUGH THE AGING PROCESS BEGINS IN YOUTH, IT ENDS IN THE ULTIMATE, TERMINAL HUMAN EXPERIENCE. THEREFORE, I WOULD SAY THAT MANY OF THE APPROACHES WE EMPLOY IN OTHER AREAS OF PUBLIC HEALTH ARE NOT VERY APPROPRIATE WHEN DEALING WITH THE AGED. OUR USUAL METHODS DON'T TRANSLATE WELL, SINCE THEY USUALLY LEAD TO SOMETHING ELSE. WE ARE TRAINED TO IDENTIFY OPPORTUNITIES FOR "LINKAGE" AND "FOLLOW-THROUGH" AND "FOLLOW-UP" AND "COST-EFFECTIVE THIS" AND "TECHNOLOGY-INTENSIVE THAT."

BUT THE AGING EXPERIENCE LEADS TO A KNOWN END-POINT...NAMELY, DEATH. ANY FOLLOW-UP WOULD BE PURELY PRESUMPTIVE AND WOULD DEPEND ON YOUR OWN PERSONAL THEOLOGY. AND FOR THE MOST PART, WE HAVE TO ADMIT THAT VERY LITTLE THAT'S DONE FOR THE AGED IS REALLY "COST-EFFECTIVE." I THINK WE OUGHT TO PUT THAT WAY DOWN ON OUR LIST OF CHECK-OFF POINTS. WITH THE AGED, WE BURY OUR SUCCESSES AS WELL AS OUR FAILURES. COST-EFFECTIVENESS IS REALLY BESIDE THE POINT.

IF YOU LOOK AT THE AGING EXPERIENCE AS A TERMINAL BUT UNKNOWN LENGTH OF TIME, YOU CAN THEN POSSIBLY MAKE SOME JUDGMENTS ABOUT THE NATURE OF THAT TIME. I THINK IF I WENT BACK TO MY FRIENDS WHO WORK IN THE AGING FIELD AND ASKED THEM TO CHARACTERIZE THAT TIME PERIOD,

THEY WOULD PROBABLY SAY THEY HOPED IT WOULD BE "GOOD" TIME...THAT IS, IT WOULD BE MARKED AS A TIME IN WHICH THE AGING PERSON MIGHT ENJOY...

REASONABLY GOOD HEALTH...

ENOUGH NOURISHMENT PREPARED AND PRESENTED WITH AT LEAST A TOUCH OF INTEREST...

A DEGREE OF COMFORT AS FAR AS CLOTHING AND SHELTER ARE CONCERNED...

AND THEY MIGHT ALSO ENJOY, AT LONG LAST, A PERIOD OF PEACEFUL HUMAN RELATIONSHIPS.

BUT A PART OF THAT TIME MAY NOT BE "GOOD." THIS IS THE TIME IN WHICH THE PERSON IS IN A REAL AND ACCELERATED DECLINE. HEALTH DETERIORATES...NOURISHMENT IS REDUCED TO JUST THAT, LACKING ANY REASON FOR INTEREST...DISCOMFORT BECOMES A ROUND-THE-CLOCK NORM...AND THE HUMAN RELATIONSHIP THAT ABSORBS MOST OF THE DYING PERSON'S ATTENTION IS THE RELATIONSHIP WITH ONE'S SELF.

THIS IS THE KIND OF TIME IN WHICH MOST OF US ARE PROFESSIONALLY NEEDED.

I THINK IT'S CLEAR THAT GOOD MEDICAL AND HEALTH CARE IS NEEDED TO INSURE TO THE FULLEST EXTENT THAT THERE ARE "GOOD" QUALITIES IN THAT TERMINAL TIME IN THE AGING PROCESS. IT'S OUR JOB FREQUENTLY TO COMPRESS THE DOWNHILL SLIDE INTO AS SHORT AND PAINLESS A TIME AS POSSIBLE. OF COURSE, THE SHORTER THE TIME, THE STEEPER THE SLOPE.

IN OUR AMERICAN CULTURE, THE AGE OF 65 IS CONSIDERED TO BE A TURNING-POINT, THE PEAK OF LIFE, AS IT WERE. SOMEHOW OR OTHER, AFTER 65 HE OR SHE IS "OVER THE HILL." THE ROAD OF LIFE FROM THEN ON IS ALL DOWNHILL. THE ONLY VARIABLE, THEN, IS THE STEEPNESS OF THE DECLINE.

BUT I WOULD SUGGEST THAT IT MIGHT BETTER BE OUR PREFERRED GOAL TO KEEP THAT MAGIC AGE 65 AS A PLATEAU -- TO MAKE IT "GOOD" TIME FOR AS LONG A PERIOD AS POSSIBLE. THIS IS THE ASPECT OF A PHILOSOPHY OF AGING THAT APPEALS TO ME MOST.

BUT HOW DO WE -- PROFESSIONALS IN HEALTH, SOCIAL SERVICES, IN PRIVATE AND PUBLIC AGENCIES -- HOW CAN WE PROLONG THAT "GOOD" TIME AND HOW MIGHT WE TRY TO CONTROL THE ONSET OF THE PERIOD OF DECLINE?

THE MORE WE THINK ABOUT THAT, THE MORE WE HAVE TO WRESTLE WITH A COUPLE OF DIFFICULT PROBLEMS:

FIRST, IF WE RECOGNIZE AGING AS BEING A "GOOD" TIME FOLLOWED BY A DIFFICULT TIME, THEN WE MAY BEGIN TO SEE THE AGING PROCESS AS A SERIES OF SELF-FULFILLING PROPHECIES -- WE PREDICT IT'S GOING TO BE "BAD" AND SO IT THEREFORE BECOMES "BAD" -- AND THAT'S CERTAINLY A PROBLEM FOR ANYONE IN HEALTH CARE.

SECOND, IF WE RECOGNIZE THAT THERE MAY BE TWO QUALITATIVELY DIFFERENT PERIODS OF TIME -- A "GOOD" TIME AND A "BAD" TIME -- IT'S ONLY NATURAL THAT WE WOULD WANT TO MANIPULATE THEM IN SOME WAY SO AS TO PROLONG A PERSON'S "GOOD" TIME AND SHORTEN THE TIME OF DECLINE. THE PERIOD OF DECLINE MIGHT BE HIS OR HER "DYING TIME," AS IT WERE, EXCEPT THAT WE KNOW IT IS STILL NOT REALLY POSSIBLE TO ESTABLISH A NEAT DIVIDING LINE BETWEEN NORMAL LIVING AND THE PERIOD OF DYING AND DEATH ITSELF.

LET'S LOOK AGAIN AT THAT FIRST PROBLEM, THE PROBLEM OF SELF-FULFILLING PROPHECIES. WE'VE ALL EXPERIENCED THIS AT ONE TIME OR ANOTHER OR WE KNOW THE WAY IT HAPPENS. FOR EXAMPLE, A PHYSICIAN OR A COUNSELOR WILL SAY, "YOU KNOW, YOUR FATHER IS GETTING ON IN YEARS. YOU CAN EXPECT THIS TO HAPPEN. THEN THAT WILL HAPPEN. AND YOU SHOULD PREPARE YOUR FAMILY FOR THIS OTHER THING TO HAPPEN." AND SUPERFICIALLY THIS SEQUENCE OF EVENTS MAY INDEED OCCUR MUCH AS IT IS DESCRIBED.

WE TEND TO ACCEPT THOSE PREDICTIONS. THEY ARE ORDERLY AND, THEREFORE, COMFORTING. BUT WE KNOW FROM OUR OWN PERSONAL, HARD EXPERIENCE THAT LIFE REALLY DOESN'T UNFOLD THAT NEATLY. EVENTS TUMBLE IN ONE UPON THE OTHER...CAUSE-AND-EFFECT IS VERY OFTEN A SHREWD GUESS AT BEST...AND OTHER PEOPLE AND THE ENVIRONMENT ITSELF WILL TRIGGER SOME EVENTS TO OCCUR EARLY AND DELAY OR PREVENT OTHERS FROM OCCURRING AT ALL.

WHEN AN AGED PERSON CONTINUES TO LIVE NORMALLY -- THAT IS, HE OR SHE MOVES AND IS MOVED BY EVENTS IN A RATHER RANDOM FASHION -- WE MAY BECOME CONFUSED AND EVEN FEARFUL. WE CONCLUDE THAT "SOMETHING IS WRONG WITH DAD. THIS IS HAPPENING WAY AHEAD OF SCHEDULE AND THAT SHOWS NO SIGN OF EVER HAPPENING AT ALL." IN OTHER WORDS, DEVIATION FROM THE ANTICIPATED NORM -- EVEN IF IT IS HEALTHFUL BEHAVIOR -- MAY BE A CAUSE FOR OUR CONCERN.

AND HERE'S WHERE WE REALLY HAVE TO BE CAREFUL. THE AGED PERSON CAN ACTUALLY BE THE VICTIM OF THIS KIND OF RESPONSE. IF WE EXPECT DETERIORATION TO TAKE PLACE, WE MIGHT FEED AND MEDICATE THE AGING PERSON AS IF DETERIORATION WERE IN FACT TAKING PLACE. AS A RESULT, THE PERSON MAY BECOME MALNOURISHED AND THEN DETERIORATE, FULFILLING THE PROPHECY.

OVER-MEDICATION IS ANOTHER DANGEROUS OUTCOME OF THIS KIND OF BEHAVIOR TOWARD THE ELDERLY: WE ANTICIPATE THE AGING PERSON WILL REQUIRE CERTAIN DRUGS AND MEDICINES, SO WE GO AHEAD AND ADMINISTER THEM TOO SOON, AND THEN WE WITNESS THE VERY DECLINE WE THOUGHT WOULD TAKE PLACE, RIGHT ON SCHEDULE.

THE WHOLE PROBLEM OF AN AGED PERSON BEING ERRONEOUSLY JUDGED "SENILE" IS YET ANOTHER ASPECT OF THE AGING PROCESS SEEN AS A SEQUENCE OF ANTICIPATED EVENTS IN THE EYES OF THE FOREWARNED YOUNGER BEHOLDER.

THE SECOND PROBLEM, HOWEVER, IS MORE DELICATE AND COMPLEX. THAT'S THE PROBLEM OF OUR LACK OF ANY NEAT DEFINITIONS FOR THESE PERIODS OF "GOOD" TIME AND "BAD" TIME. MEDICAL TECHNOLOGY CAN, TO A CERTAIN LIMITED EXTENT, PROLONG LIFE. WHEN TECHNOLOGY CAN EXTEND WHAT I HAVE CALLED THE "GOOD" TIME WITHIN THAT TERMINAL PERIOD OF AGING, I THINK WE ALL AGREE IT SHOULD MOST PROBABLY BE USED. I'M THINKING OF PACEMAKER IMPLANTS, COLOSTOMIES, CORONARY BYPASS SURGERY, OR MOTORIZED EQUIPMENT FOR STROKE VICTIMS.

BUT WHAT DO WE DO ABOUT THAT FINAL PERIOD OF DECLINE? THIS IS THE TIME WHEN PEOPLE SAY THAT THE DOCTOR IS "TAKING OF HEROIC MEASURES TO SAVE MY MOTHER'S LIFE." IF WE ACCEPT THE PRINCIPLE THAT WE SHOULD TRY TO MAKE THE "DYING" PERIOD AS BRIEF AND AS COMFORTABLE AS POSSIBLE, THEN WE SHOULD BE ABLE TO FIND A RATIONAL COURSE LYING SOMEWHERE BETWEEN "HEROIC MEASURES" ON THE ONE HAND AND "PULLING THE PLUG" ON THE OTHER."

LET ME SAY RIGHT HERE THAT I NEVER USE THE TERMS "EXTRAORDINARY" AND "HEROIC." WHAT WAS "EXTRAORDINARY" YESTERDAY IS "ORDINARY" TODAY. WHAT IS "EXTRAORDINARY" TODAY WILL BE "ORDINARY" TOMORROW. I DON'T KNOW HOW TO DEFINE "HEROIC" IN THIS CONTEXT. NEVERTHELESS, EACH OF US NEEDS TO DEVELOP SOME INTUITIVE AND OPERATIONAL UNDERSTANDING OF THESE TERMS SO THAT WE MAY DEAL OPENLY AND CANDIDLY WITH OUR PATIENTS.

WHEN WE COUNSEL WITH A PATIENT AND WITH THE PATIENT'S IMMEDIATE FAMILY ABOUT A DEVELOPING CRISIS DURING THIS TIME OF DYING, WE NEED TO CLARIFY WHAT OUR MEDICAL ALTERNATIVES ARE SUPPOSED TO ACCOMPLISH. WE NEED TO ASK...

* WILL THIS OR THAT PROCEDURE ENABLE THE PATIENT TO ENJOY SOME ADDITIONAL "GOOD" TIME, OR WILL IT ONLY PROLONG THE PERIOD OF DYING?

* WILL DOING NOTHING EFFECTIVELY SHORTEN THE PERIOD OF DYING? AND DOES THE PATIENT CONSIDER THAT TO BE A DESIRABLE ALTERNATIVE?

AT THIS POINT, LET US NOT CONFUSE THE WORDS "CURE" AND "CARE." WE SELDOM CURE CHRONIC DISEASE IN THE ELDERLY. BUT WE ARE NEVER RELIEVED OF THE OBLIGATION OF CARING FOR THEM.

I HOPE I AM NOT MISUNDERSTOOD OR MISINTERPRETED. I AM COMMITTED TO GIVING A PATIENT ALL THE LIFE TO WHICH HE OR SHE IS ENTITLED. YET, I AM EQUALLY COMMITTED NOT TO PROLONG THE ACT OF DYING.

AND HERE WE HAVE TO MOVE WITH GREAT CARE. WE NEED TO BE SURE WE ARE UNDERSTOOD. FOR EXAMPLE, THE PHRASE I JUST USED -- "ACT OF DYING" -- HOW WOULD YOU DEFINE IT?

THE CO-AUTHOR OF MY MOST SUCCESSFUL BOOK HAS HAD LYMPHOSARCOMA FOR 7 YEARS. HE HAS A TERMINAL ILLNESS...BUT HE IS NOT IN THE "ACT OF DYING."

BUT SUPPOSE HE SHOULD DEVELOP A PLEURAL EFFUSION AND HIS LIVER ENLARGES? WHERE IS HE THEN? IN THE "ACT OF DYING?" PERHAPS... BUT ON THE OTHER HAND, IF WE REMOVE THE FLUID FROM HIS CHEST AND GIVE HIM DIGITALIS, HE MIGHT CONTINUE LIVING FOR A NUMBER OF YEARS MORE. OBVIOUSLY, YOU HAVE TO KNOW QUITE A BIT ABOUT BOTH THE DISEASE AND THE PATIENT WHO HAS IT.

AND IT IS AT THIS POINT THAT WE HAVE TO DEAL WITH ALL THREE ASPECTS OF THE HUMAN EXPERIENCE: THE STATE OF THE BODY, THE STATE OF MIND, AND THE STRENGTH OF THE PATIENT'S SPIRIT. PHYSICIANS AND OTHER HEALTH PROFESSIONALS WOULD RATHER STEER CLEAR OF THIS TRIANGLE. THEY SAY THEY HAVE NO TRAINING TO DEAL WITH MATTERS OF SPIRIT, FOR EXAMPLE. AND, OF COURSE, THAT'S PROBABLY TRUE. BUT THEY STILL NEED TO RECOGNIZE THAT SUCH MATTERS ARE A PROFOUND CONCERN OF THE PATIENT AND NEED TO BE ADDRESSED SOMEHOW.

I WOULD SUGGEST THAT THE WAY WE HANDLE PHYSICAL HEALTH, MENTAL HEALTH, AND SPIRITUAL HEALTH WILL PROBABLY DETERMINE THE NATURE OF THE MEDICAL CARE GIVEN TO THE ELDERLY PATIENT IN THE FINAL STAGE OF APPROACHING DEATH. HERE AGAIN, WE CANNOT EVEN ATTEMPT TO BE PRESCRIPTIVE TO EACH OTHER. INSTEAD, WE MAY NEED TO SIMPLY ACCEPT, AS PART OF OUR TREATMENT PHILOSOPHY, THAT WE WILL GIVE SUBSTANTIAL ATTENTION TO A PATIENT'S SPIRITUAL HEALTH DURING THE FINAL PHASE OF THIS TERMINAL PERIOD OF LIFE.

LET ME SAY THAT, WHILE THIS MAY SOUND A LITTLE STRANGE, IT'S NOT VERY REVOLUTIONARY TALK. IT'S THE KIND OF THINKING THAT UNDERLIES THE HOSPICE MOVEMENT. WE KNOW THAT, AT SOME POINT DURING THEIR FINAL PERIOD OF DECLINE, MANY PATIENTS ARE MORE CONCERNED ABOUT THE SPIRITUAL QUALITY OF THEIR REMAINING TIME ON EARTH THAN ABOUT ANY FURTHER REPAIR WORK ON THEIR BODIES OR MINDS. ABOVE ALL THEY WANT PEACEFUL HUMAN RELATIONSHIPS. THEY WANT DIGNITY.

SOME ACT OF HEROISM -- EITHER BY THEIR PHYSICIANS OR BY THEMSELVES -- MAY NOT BE VERY IMPRESSIVE OR VERY USEFUL. HOSPICE CARE IS ORGANIZED TO PROVIDE THAT KIND OF PEACE-GIVING EXPERIENCE, WHETHER IN AN INSTITUTION OR IN THE DYING PERSON'S OWN HOME.

I DON'T WANT TO DWELL UNNECESSARILY ON THE PERIOD OF DECLINE AND THE EVENT OF DEATH. I THINK MANY OF US -- POSSIBLY MOST OF US IN THIS ROOM -- HAVE DEALT WITH IT ALREADY AND SO I WILL ASSUME WE HAVE SOME COMMON, UNDERSTOOD POINTS OF REFERENCE THAT DON'T NEED FURTHER ELABORATION. BUT HOW DOES THAT PERIOD BEGIN? WHEN DOES IT BEGIN? LET ME RETURN TO THAT MAGIC NUMBER OF 65.

AS I MENTIONED EARLIER, OUR CULTURE HAS MORE LESS DETERMINED THAT THE BEGINNING POINT OF THE AGING PROCESS FOLLOWS ONE'S 65TH BIRTHDAY. AT THAT POINT, YOU ARE "RETIRED"...YOU ARE LITERALLY "WITHDRAWN" FROM THE WORLD YOU'VE KNOWN FOR SIX AND A HALF DECADES. YOU ARE PAID OFF IN SOME WAY -- A PENSION OR SOCIAL SECURITY OR A GOLD WATCH OR SOME OTHER MEANS TO HELP YOU NEGOTIATE THIS LAST PERIOD OF YOUR LIFE.

THE SOCIAL SECURITY RETIREMENT SYSTEM HAD SAID THAT MEN COULD BEGIN RECEIVING THEIR FULL BENEFIT AT 65, BUT WOMEN COULD AT AGE 62. THE LAW HAS SINCE BEEN CHANGED SO THAT BOTH MEN AND WOMEN CAN CLAIM AT AGE 62, BUT FROM THAT POINT ON THEY WILL ONLY RECEIVE 80 PERCENT OF THEIR BENEFIT. IF THEY WAIT UNTIL THEY'RE BOTH 65, THEY CAN THEN CLAIM THEIR FULL RETIREMENT BENEFIT. SO WE HAVE SOME ACKNOWLEDGEMENT THAT THE AGING PROCESS MAY BEGIN A FEW YEARS EARLY FOR SOME PEOPLE.

THE LAW ALSO SAYS YOU CAN'T RECEIVE YOUR BENEFIT IF YOU EARN MORE THAN A CERTAIN AMOUNT OF MONEY EACH YEAR FROM OTHER SOURCES WHILE YOU'RE COLLECTING YOUR SOCIAL SECURITY BENEFIT. HOWEVER, IF YOU ARE STILL ALIVE AT YOUR 72ND BIRTHDAY, YOU CAN THEREAFTER RECEIVE YOUR FULL SOCIAL SECURITY BENEFIT AND EARN ALL THE MONEY YOU WANT WITH NO PENALTY. BUT EVEN THAT IS CHANGING. AS OF JANUARY 2, 1983, YOU CAN COLLECT 100 PERCENT OF YOUR SOCIAL SECURITY BENEFIT AND ALSO EARN ALL THE MONEY YOU WANT IF YOU'VE ONLY PASSED YOUR 70TH BIRTHDAY.

SO THERE SEEM TO BE TWO INTERPRETATIONS OF WHEN THE "GOOD" TIME IN THE AGING PROCESS MAY BEGIN -- AT AGE 65 AND AT AGE 70. THESE ARE, OF COURSE, ECONOMIC INTERPRETATIONS. THERE ARE A LOT OF THEM AROUND. FOR EXAMPLE, SOME COMPANIES WANT TO "WITHDRAW" THEIR MANAGERS WHEN THEY REACH 55. OTHERS HAVE A PRODUCTIVE ROLE FOR SENIOR MANAGERS WHO ARE BETWEEN THE AGE OF 60 AND 70. THE MILITARY WILL ALLOW YOU TO RETIRE AT 50 PERCENT OF YOUR PAY AFTER 20 YEARS OF SERVICE. SO IF YOU JOIN AT AGE 18 AND STAY FOR TWO DECADES, YOU CAN RETURN TO CIVILIAN LIFE AT AGE 38 AND RECEIVE HALF THE SALARY YOU RECEIVED WHEN LAST YOU WERE IN UNIFORM. IF YOU STAY 30 YEARS, YOU RECEIVE 75 PERCENT OF YOUR PAY.

GENERALS AND ADMIRALS ARE SENT HOME WHEN THEY REACH THE MANDATORY RETIREMENT AGE OF 62. ONLY A PRESIDENTIAL APPOINTMENT CAN KEEP THEM IN UNIFORM. AS YOU KNOW, THE OFFICE OF SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE CARRIES THE FLAG RANK OF ADMIRAL OF THE NAVY AND THE INCUMBENT IS ALSO A PRESIDENTIAL APPOINTEE. HOWEVER, AT ALMOST 67 I AM SURGEON GENERAL AND IN UNIFORM FIVE YEARS AFTER MOST OTHER ADMIRALS HAVE RETIRED. AND I MUST CONFESS THAT I THOROUGHLY ENJOY IT.

SOME ORTHOPEDISTS TELL PATIENTS THAT THE AGING PROCESS BEGINS AROUND AGE 30, WHEN THEIR SHOULDERS AND THEIR BACKS BEGIN TO STIFFEN AND THE FIRST SIGNS OF ARTHRITIS ARE COMMON. SOME PSYCHIATRISTS BELIEVE THAT THE AGING PROCESS BEGINS WHEN YOU FIRST CRY OUT IN THE DELIVERY ROOM AND BECOME AN AIR-BREATHING.

I THINK THERE IS MORE POETRY IN ALL THIS THAN THERE IS GOOD SCIENCE. I MENTIONED THE NATIONAL INSTITUTE ON AGING A FEW MOMENTS AGO. ONE OF THE QUESTIONS THEY KEEP RETURNING TO IS THIS: "WHEN DOES THE AGING PROCESS REALLY BEGIN -- BIOMEDICALLY...BIOBEHAVIORALLY... NEUROPHYSIOLOGICALLY...CARDIORESPIRATORIALLY...OR MUSCULOSKELETALLY?" I'M AFRAID WE ARE SOME DISTANCE FROM A SCIENTIFIC ANSWER.

BUT THAT VERY LACK OF PRECISION MAY BE THE MOST IMPORTANT THING FOR US TO KNOW RIGHT NOW. IT MEANS WE HAVE TO TAKE INTO ACCOUNT A GREAT DEAL OF BEHAVIORAL AND BIOMEDICAL INFORMATION BECAUSE WE DON'T DARE LEAVE ANYTHING OUT. AND THAT'S GOOD. IT THROWS THE PUBLIC HEALTH PROFESSIONAL IN AMONG MANY OTHER DISCIPLINES FOR DEALING WITH THE AGING PROCESS. IT MEANS WE HAVE TO WORK WITH...

ELECTRONIC ENGINEERS... METALLURGISTS... LAWYERS...

ARCHITECTS... INTERIOR DECORATORS...

EDUCATORS... LABOR LEADERS... ECONOMISTS, AND OTHERS.

ULTIMATELY, OUR PHILOSOPHY OF AGING FOR PUBLIC HEALTH WILL BE CONGRUENT WITH THE PHILOSOPHIES OF THESE OTHER PROFESSIONS AND VOCATIONS AS WELL -- THAT IS, IF THEY ALSO CARE ENOUGH TO THINK IT THROUGH.

IF WE CAN INDEED ARRIVE, AS A PROFESSION, AT SOME CONSENSUS AS TO WHAT OUR PHILOSOPHY OF AGING OUGHT TO BE, WHAT WOULD BE ITS SIGNIFICANCE...ITS REAL IMPACT UPON THE PEOPLE WE SERVE?

I BELIEVE THAT, WITH THE HELP OF A COHERENT PHILOSOPHY, WE CAN PROVIDE BETTER CARE TO ALL OLDER PEOPLE -- INCLUDING THOSE WHO ARE IN THAT FINAL PERIOD OF DECLINE. I ALSO THINK IT STIMULATES CLEARER THINKING ABOUT THE AGING PROCESS AMONG THOSE VERY PEOPLE WE SERVE. WITH THE HELP OF A STRONG PHILOSOPHIC APPROACH, WE CAN GAIN THE MASTERY OF THAT BASIC INFORMATION ABOUT AGING THAT WOULD HELP US -- AND THROUGH US, HELP OTHERS -- MAKE INFORMED DECISIONS...

ABOUT OUR OWN AGING...

ABOUT THE AGING OF OUR FRIENDS AND MEMBERS OF OUR FAMILY...

AND ABOUT THE AGING PROCESS IN SOCIETY ITSELF.

I THINK WE NEED SUCH A PHILOSOPHY NOT ONLY FOR OUR OWN WORK IN PUBLIC HEALTH BUT ALSO AS OUR CONTRIBUTION TO SOCIETY'S UNDERSTANDING OF AGING IN GENERAL.

BEFORE VERY LONG, YOUNG PEOPLE IN AMERICAN SOCIETY WILL HAVE TO MAKE SOME DIFFICULT DECISIONS ABOUT THE ROLE OF OLDER PEOPLE IN AMERICAN LIFE -- DECISIONS THAT COULD AFFECT PUBLIC POLICIES TOWARD PENSIONS AND RETIREMENT, JOB SENIORITY AND SECURITY, HOME OWNERSHIP, INSURANCE COVERAGE, MEDICAL BENEFITS, AND SO ON.

- o THEY SHOULD BE MAKE THOSE DECISIONS, COMFORTABLE WITH THE IDEA THAT, WHATEVER THEIR YOUTHFUL AGE, THEY MAY ALREADY BE PART OF THE "AGING PROCESS."

- o THEY NEED TO UNDERSTAND AND ACCEPT -- IF AT ALL POSSIBLE -- THE EVENTUAL TERMINAL NATURE OF THE AGING PROCESS...OF LIFE ITSELF.

- o THEY NEED TO EVALUATE THE NATURE OF THE "GOOD" TIME FOR AN ELDERLY PERSON.

- o AND THEY NEED TO PARTICIPATE IN OR SOMEHOW INFLUENCE THE DECISIONS MADE DURING THAT VERY DIFFICULT PERIOD OF FINAL DECLINE.

AT ABOUT THE YEAR 2000, THE UNITED STATES IS PROBABLY GOING TO HAVE SOME 50 MILLION PERSONS OVER THE AGE OF 65, OR ABOUT 20 PERCENT OF THE AMERICAN POPULATION. THAT'S TWICE THE NUMBER OF PEOPLE OVER AGE 65 IN THE COUNTRY RIGHT NOW. THE IMPACT UPON ALL OUR SERVICES -- BUT ESPECIALLY PUBLIC HEALTH SERVICES -- IS GOING TO BE OF CONSIDERABLE MAGNITUDE.

TODAY'S "MIDDLE-AGED" PERSONS ARE ALREADY AMBIVALENT ABOUT THE EFFECTS OF THIS EVOLVING DEMOGRAPHY: THEY KNOW THAT DECISIONS ABOUT CARE FOR THE AGED THAT ARE MADE AND RATIFIED TODAY MAY DETERMINE HOW THEY THEMSELVES ARE CARED FOR NOT TOO MANY YEARS HENCE. YET, THEY ARE SHY ABOUT PUTTING FORWARD ANY POSITION, HOWEVER REASONABLE, THAT MIGHT RAISE THE HACKLES OF THEIR JUNIORS.

THIS HAS ALREADY HAPPENED IN ORGANIZED LABOR, FOR EXAMPLE. OLDER WORKERS HAVE WANTED CERTAIN BASIC RETIREMENT AND PENSION GUARANTEES WRITTEN INTO NEW CONTRACTS AND HAVE BEEN WILLING TO DISCUSS LARGER PAYROLL DEDUCTIONS OR EMPLOYER-EMPLOYEE CONTRIBUTIONS. BUT YOUNGER WORKERS HAVE OFTEN VOTED THEM DOWN. WITHOUT A GOOD BASIS OF COMMON UNDERSTANDING BETWEEN YOUNG PEOPLE AND MIDDLE-AGED PEOPLE, OUR SOCIETY MIGHT FACE SEVERAL MORE DECADES OF DEEP DIVISION OVER THE ISSUE OF AGING AND THE POSITION OF THE AGED.

CERTAINLY WE SHOULD LOOK TO PHILOSOPHY AS A WAY OF HEALING THOSE DIVISIONS AND OVERCOMING BARRIERS, REAL OR IMAGINED. AT LEAST, THAT IS MY INTENT IN PURSUING THIS IDEA OF A PHILOSOPHY OF AGING FOR PUBLIC HEALTH. NOR DO I SEE ANY CONFLICT IN THE VERY IDEA OF BUNDLING A WORD LIKE "PHILOSOPHY" TOGETHER WITH A PHRASE LIKE "PUBLIC HEALTH."

I AM REMINDED OF THE LESSON TAUGHT BY THE LATE JAMES BRYANT CONANT, WHO WROTE THAT "ANY ATTEMPT TO DRAW A SHARP LINE BETWEEN COMMON-SENSE IDEAS AND SCIENTIFIC CONCEPTS IS NOT ONLY IMPOSSIBLE BUT UNWISE." I HOPE THAT, IN THESE FEW MINUTES TOGETHER, WE MAY HAVE MADE SOME PROGRESS IN UNITING COMMON-SENSE WITH SCIENCE, WITH THE HELP OF PHILOSOPHY. IF SO, THEN I HOPE IT MIGHT COUNT AS ANOTHER SMALL VICTORY FOR OLDER PEOPLE IN AMERICA.

THANK YOU.

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